

## **Exhibit E**

**EEOC V. NORTHERN STAR HOSPITALITY, INC. d/b/a SPARX  
WITNESS TRAVEL EXPENSES**

**THOMAS NESHEIM**

<u>TRAVEL DATE</u>	<u>MILEAGE POV</u>	<u>PER DIEM</u>	<u>WITNESS FEE</u>	<u>HOTEL (Actual)</u>	<u>HOTEL (Requested)</u>	<u>PARKING</u>	<u>TOTALS</u>	<u>TOTAL REQUESTED</u>
					<u>Max. Allowed</u> <u>Amount Under 28</u> <u>U.S.C. § 1821 (d)(1)</u>	<u>Allowed</u> <u>Under 28</u> <u>U.S.C. § 1821</u> <u>(c)(3)</u>		
1/8/2013	\$14.69	\$0.00	\$40.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$54.69	\$54.69
<b>January Total</b>	<b>\$14.69</b>	<b>\$0.00</b>	<b>\$40.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$54.69</b>	<b>\$54.69</b>

**DION MILLER**

<u>TRAVEL DATE</u>	<u>MILEAGE POV</u>	<u>PER DIEM</u>	<u>WITNESS FEE</u>	<u>HOTEL (Actual)</u>	<u>HOTEL (Requested)</u>	<u>PARKING</u>	<u>TOTALS</u>	<u>TOTAL REQUESTED</u>
					<i>August 2013 GSA Rate for Madison, Wisc.</i>			
8/11/2013	\$114.28	\$42.00	\$0.00	\$162.59	\$89.00	\$10.00	\$328.87	
8/12/2014	\$0.00	\$56.00	\$0.00	\$214.12	\$89.00	\$10.00	\$280.12	
8/13/2014	\$114.63	\$42.00	\$0.00	\$0.00		\$0.00	\$156.63	
<b>August Totals</b>	<b>\$228.91</b>	<b>\$140.00</b>	<b>\$0.00</b>	<b>\$376.71</b>	<b>\$178.00</b>	<b>\$20.00</b>	<b>\$765.62</b>	<b>566.91</b>
					<i>September 2013 GSA Rate for Madison, Wisc.</i>			
9/15/2013	\$111.92	\$42.00	\$0.00	\$366.34	\$89.00	\$0.00	\$520.26	
9/16/2014	\$6.14	\$56.00	\$0.00	\$457.94	\$89.00	\$6.00	\$526.08	
9/17/2014	\$6.14	\$56.00	\$0.00	\$457.94	\$89.00	\$8.20	\$528.28	
9/18/2014	\$6.14	\$56.00	\$0.00	\$457.94	\$89.00	\$7.45	\$527.53	
9/19/2014	\$115.18	\$42.00	\$0.00	\$0.00	\$0.00	\$1.85	\$159.03	
<b>September Totals</b>	<b>\$245.52</b>	<b>\$252.00</b>	<b>\$0.00</b>	<b>\$1,740.16</b>	<b>\$356.00</b>	<b>\$23.50</b>	<b>\$2,261.18</b>	<b>877.02</b>

<b>TRAVEL VOUCHER</b> <small>(Read the Privacy Act Statement on the back)</small>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO.															
						4. SCHEDULE NO.															
TRAVELER (PAYEE)	5. a. NAME (Last, first, middle initial) <div style="text-align: center;">Miller, Dion M.</div>			b. SOCIAL SECURITY NO. <div style="text-align: center;">[REDACTED]</div>		6. PERIOD OF TRAVEL a. FROM 08/11/2013      b. TO 08/13/2013															
	c. MAILING ADDRESS (Include ZIP Code) <div style="text-align: center;">[REDACTED]</div>			d. OFFICE <div style="text-align: center;">[REDACTED]</div>		7. TRAVEL AUTHORIZATION a. NUMBER(S) 32-13-FPLIT01      b. DATE(S) 08/11-13/2013															
	e. PRESENT DUTY STATION EEOC-MINNEAPOLIS AREA OFFICE			f. RESIDENCE (City and State)		10. CHECK NO.															
8. TRAVEL ADVANCE a. Outstanding b. Amount to be Applied c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash) d. Balance outstanding				9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE																	
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon, if cash is used show claim on reverse side.)				11. PAID BY																	
				I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) <span style="float: right;">Traveler's Initials</span>																	
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2">AGENT'S VALUATION OF TICKET (a)</th> <th rowspan="2">ISSUING CARRIER (initials) (b)</th> <th rowspan="2">MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)</th> <th rowspan="2">DATE ISSUED (d)</th> <th colspan="2">POINTS OF TRAVEL</th> </tr> <tr> <th>FROM (e)</th> <th>TO (f)</th> </tr> <tr> <td></td> <td></td> <td>POV</td> <td></td> <td>Menomonie, WI Madison, WI</td> <td>Madison, WI Menomonie, WI</td> </tr> </table>				AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL		FROM (e)	TO (f)			POV		Menomonie, WI Madison, WI	Madison, WI Menomonie, WI
AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL																	
				FROM (e)	TO (f)																
		POV		Menomonie, WI Madison, WI	Madison, WI Menomonie, WI																
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.																					
TRAVELER SIGN HERE <i>Dion M. Miller</i>						DATE 9-5-13      AMOUNT CLAIMED \$ 388.91															
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).																					
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: if long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)						17. FOR FINANCE OFFICE USE ONLY															
						COMPUTATION															
APPROVING OFFICIAL SIGN HERE <span style="float: right;">DATE</span>						a. DIFFERENCES, IF ANY (Explain and show amount)															
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION						b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION															
a. VOUCHER NO.		b. D.O SYMBOL		c. Month & Year		Certifier's initials: \$															
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT  AUTHORIZED CERTIFYING OFFICIAL SIGN HERE <span style="float: right;">DATE</span>						c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$															
						d. NET TO TRAVELER \$															
18. ACCOUNTING CLASSIFICATION																					

# SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)

Complete only for actual expense travel

Col. (d) thru (n)

Show amount incurred for each meal, including tax and tips, and daily total meal cost.

Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals).

Complete for per diem and actual expense travel.

Show total subsistence expense incurred for actual expense travel.

Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate.

Show expenses, such as: taxilimousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation sheet  
PAGE 1 of 2 Pages

TRAVEL AUTHORIZATION NO. 32-13-FPLIT01

TRAVELER'S LAST NAME Miller

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE 565¢	AMOUNT CLAIMED				
			BREAK-FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	MISCELLANEOUS SUBSISTENCE (h)	LODGING (i)	TOTAL SUBSISTENCE EXPENSE (j)		NO. OF MILES (k)	MILEAGE (l)	SUBSISTENCE (m)	OTHER (n)	
08/11/13		Mileage									202.26	114.28			
08/11/13		MILE					42.00						42.00		
08/11/13		Hotel parking -overnight												10.00	
08/12/13		MILE					56.00						56.00		
08/12/13		Hotel overnight parking												10.00	
08/13/13		MILE					42.00						42.00		
08/13/13		Mileage									202.88	114.63			
											SUBTOTALS		228.91	140.00	20.00
											TOTALS		228.91	140.00	20.00

If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap 57 as implemented by the Federal Travel Regulations (FPMR 101.7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011 (b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigation or prosecutions, or when

pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in the Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enter grand total of columns (l), (m), and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED	\$388.91
----------------------	----------

<b>TRAVEL VOUCHER</b> <small>(Read the Privacy Act Statement on the back)</small>		1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO.	
						4. SCHEDULE NO.	
TRAVELER (PAYEE)	5. a. NAME (Last, first, middle initial) <div style="text-align: center;">Miller, Dion M.</div>			b. SOCIAL SECURITY NO <div style="text-align: center;">[REDACTED]</div>		6. PERIOD OF TRAVEL a. FROM 09/15/2013      b. TO 09/19/2013	
	c. MAILING ADDRESS (Include ZIP Code) <div style="text-align: center;">[REDACTED]</div>			d. OFFICE <div style="text-align: center;">[REDACTED]</div>		7. TRAVEL AUTHORIZATION a. NUMBER(S) 32-13-FPLIT09      b. DATE(S) 09/15-19/2013	
	e. PRESENT DUTY STATION EEOC-MINNEAPOLIS AREA OFFICE			f. RESIDENCE (City and State)		10. CHECK NO.	
8. TRAVEL ADVANCE				9. CASH PAYMENT RECEIPT		11. PAID BY	
a. Outstanding				a. DATE RECEIVED		b. AMOUNT RECEIVED	
b. Amount to be Applied						\$	
c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)				c. PAYEE'S SIGNATURE			
d. Balance outstanding							
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side.)</small>		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)					
		Traveler's Initials ► <i>DM</i>					
		POINTS OF TRAVEL					
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	FROM (e)	TO (f)
				POV		Menomonie, WI Madison, WI	Madison, WI Menomonie, WI
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher							
TRAVELER SIGN HERE ► <i>Dion M. Miller</i>					DATE 19-27-13	AMOUNT CLAIMED ►	\$ 521.02
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; id. 1001).							
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).)					17. FOR FINANCE OFFICE USE ONLY COMPUTATION		
APPROVING OFFICIAL SIGN HERE ►					a. DIFFERENCES, IF ANY (Explain and show amount)		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION					b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		
a. VOUCHER NO		b. D O SYMBOL		c. Month & Year	Certifier's initials		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT					c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol)		
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ►					d. NET TO TRAVELER ►		
18. ACCOUNTING CLASSIFICATION							

# SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

**INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)**

Col (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization)

Complete only for actual expense travel

Col (d) } Show amount incurred for each meal including tax and tips, and daily total meal cost

(e) } Show expenses, such as laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals)

(f) } Complete for per diem and actual expense travel

(g) } Show total subsistence expense incurred for actual expense travel

(h) } Show per diem amount, limited to maximum rate, or if travel on actual expense show the lesser of the amount from col (j) or maximum rate.

(i) } Show expenses, such as taximousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

(j) } Show expenses, such as taximousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

Complete this information if this is a continuation of 2 Pages

TRAVEL AUTHORIZATION NO 32-13-FPL109

TRAVELER'S LAST NAME Miller

DATE	TIME	DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES										AMOUNT CLAIMED			
			MEALS					MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	MILEAGE RATE		MILEAGE	SUBSISTENCE	OTHER	
			BREAK-FAST	LUNCH	DINNER	TOTAL	NO OF MILES				565 ¢					
19	(Hour and am/pm)	(Departure/arrival city, per diem computation, or other explanations of expense)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)			
09/15/13		Mileage								198.11	111.92					
09/15/13		MIE				42.00			42.00			42.00				
09/16/13		Mileage to courthouse to hotel								10.86	6.14					
09/16/13		MIE				56.00			56.00			56.00				
09/16/13		Courthouse parking											6.00			
09/17/13		MIE				56.00			56.00			56.00				
09/17/13		Mileage to courthouse to hotel								10.86	6.14					
09/17/13		Courthouse parking											8.20			
09/18/13		MIE				56.00			56.00			56.00				
09/18/13		Mileage to courthouse to hotel								10.86	6.14					
09/18/19		Courthouse parking											7.45			
09/19/13		MIE				42.00			42.00			42.00				
09/19/13		Mileage to courthouse								5.43	3.07					
09/19/13		Courthouse parking											1.85			
09/19/13		Mileage								203.85	115.18					

If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigation or prosecutions or when

pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in the Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enter grand total of columns (l), (m), and (n), below and in item 13 on the front of this form.

TOTAL AMOUNT CLAIMED \$521.02

# CLAIM FOR FEES AND MILEAGE OF WITNESS

Sheet No.

Case No 12-cv-214-bbc

(ATTACH TO STANDARD FORM NO. 1156)

U.S.

EEOC

Department, Bureau, or Establishment

Name Thomas Nesheim

Address

Dates of travel

1-8-13

Dates of attendance

1-8-13

Date and hour discharged from further attendance

For travel from

BROOKLYN PARK

to

MINNEAPOLIS

and return

Via (mode of travel must be specified) CAR - maza 3

DOLLARS	CENTS	NOTATIONS
<u>14</u>	<u>69</u>	<u>14</u>
40	00	
0		
54	69	<u>14</u>
54	69	<u>14</u>

26 miles traveled at 565 cents per mile (number of round trips 1 )  
1 days in attendance and time necessarily occupied in going to and returning from place of attendance at \$ 40.00 per day  
0 days in attendance and time necessarily occupied in going to and returning from place of attendance at \$ \_\_\_\_\_ per day in lieu of subsistence

AMOUNT CLAIMED

Less: Amount previously advanced

NET AMOUNT DUE

I certify that the amounts claimed above are correct and just; that payment has not been received; and that at time of travel and attendance I was NOT a salaried employee of the Government or a detained witness.

(Payee will NOT use this space)

Differences

Account verified, correct for

SIGN  
ORIGINAL  
ONLY

Tom Nesheim  
(Payee's signature)

Signature or initials

Paid by Check No.

Approved for \$ 54 69

By

Date 1/30/2012

Title

Job # 12m1LO32

1813FPCHIWI02

12-214-bbc



1 West Dayton Street | Madison, Wisconsin 53703  
800 356 8293 | fax 608 257 5280 | concoursehotel.com

1 of 1  
August 19, 2013

Reservation Number 337719

Room Number 0440

Send to Dion Miller

Phone

Guest Name Dion Miller

Arrival Date  
8/11/2013

Departure Date  
8/13/2013

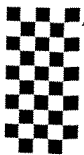
Bill To Miller, Dion



Phone








Folio Number 379772

Trans Date	Description	Voucher	Amount
<b>Charges</b>			
8/11/2013	Concourse Best Available Rate	c -0440	142.00
8/11/2013	Local Tax	c -0440	12.78
8/11/2013	State Tax Room	c -0440	7.81
8/12/2013	Concourse Best Available Rate	c -0440	187.00
8/12/2013	Local Tax	c -0440	16.83
8/12/2013	State Tax Room	c -0440	10.29
Subtotal			376.71
Total Charges			376.71
<b>Payments</b>			
8/13/2013			-376.71
Subtotal			-376.71
Total Payments			-376.71
Balance Due:			0.00



**CROWNE PLAZA®**  
MADISON

		15	09-19-13
	Folio No. :	326102	Room No. : 645
	A/R Number :		Arrival : 09-15-13
	Group Code :		Departure : 09-19-13
	Company :		Conf. No. : 66597267
	Membership No. :		Rate Code : IGCOR
	Invoice No. :		Page No. : 1 of 1

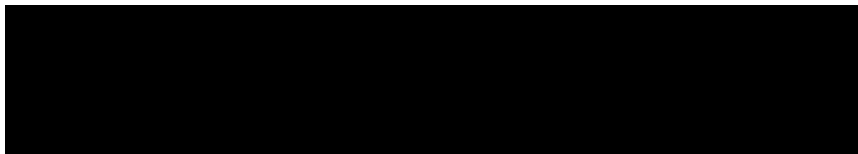
Date	Description	Charges	Credits
09-15-13	*Accommodation	319.95	
09-15-13	Accommodation Tax	46.39	
09-16-13	 		1,740.16
09-16-13	*Accommodation	399.95	
09-16-13	Accommodation Tax	57.99	
09-16-13	*Accommodation	399.95	
	17-SEP-2013		
09-16-13	Accommodation Tax	57.99	
	17-SEP-2013		
09-16-13	*Accommodation	399.95	
	18-SEP-2013		
09-16-13	Accommodation Tax	57.99	
	18-SEP-2013		
09-18-13	 		1,740.16
09-18-13	 		-1,740.16
			

Thank you for staying at The Crowne Plaza Madison. Qualifying points for this stay will automatically be credited to your account. To make additional reservations online, update your account information or view your statement please visit [www.priorityclub.com](http://www.priorityclub.com). We look forward to welcoming you back soon.

Total	1,740.16	1,740.16
Balance	0.00	

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the Iss. or.



Crowne Plaza Madison  
4402 East Washington Avenue  
Madison WI 53704  
Telephone: (608) 244-4700 Fax: (608) 244-4750